Complete Summary

GUIDELINE TITLE

Chronic fatigue syndrome.

BIBLIOGRAPHIC SOURCE(S)

Chronic fatigue syndrome. Philadelphia (PA): Intracorp; 2004. Various p.

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from January 1, 2004 to January 1, 2006.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Chronic fatigue syndrome

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Chiropractic
Family Practice

Infectious Diseases
Internal Medicine
Neurology
Psychiatry
Rheumatology

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, treatment, and management of chronic fatigue syndrome that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Individuals with chronic fatigue syndrome

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. History and physical examination to assess signs and symptoms
2. Mental status examination
3. Laboratory tests, including
    - Blood count
    - Sedimentation rate
    - Serum levels of total protein, albumin, globulin, alkaline phosphatase, calcium, phosphorus, glucose, blood urea nitrogen, electrolytes, creatinine
    - Thyroid stimulating hormone
    - Urine analysis

Treatment/Management

1. Tricyclic antidepressants (e.g., Norpramin)
2. Selective serotonin reuptake inhibitors (e.g., Prozac)
3. Graded exercise under supervision
4. Cognitive behavior therapy
5. Sleep hygiene
6. Optimal diet
7. Education, support groups, and counseling

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. The Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Mild fever or chills
- Sore throat and painful adenopathy (cervical or axillary)
- Generalized muscle weakness
- Lack of energy
- Myalgia
- Prolonged generalized fatigue
- Generalized headaches
- Migratory arthralgia without swelling or redness
- Neuropsychologic complaints
- Sleep disturbance
- Difficulty breathing
- Chest tightness accompanied by panic disorders

- Main symptom complex developing over a few hours to a few days

Objective Findings

- Low-grade fever
- Nonexudative pharyngitis
- Palpable or tender cervical or axillary node

Diagnostic Tests

- No diagnostic tests have been validated in scientific studies.
- The International Chronic Fatigue Syndrome (CFS) Study Group indicates that inappropriate tests are frequently used to diagnose CFS and should be discouraged.
- A thorough history, mental status exam, and physical exam
- Laboratory tests may include blood count, sedimentation rate, serum levels of total protein, albumin, globulin, alkaline phosphatase, calcium, phosphorus, glucose, blood urea nitrogen, electrolytes, creatinine, determination of thyroid stimulating hormone, and urine analysis.

Differential Diagnosis

- Anemia
- Chronic infection (including human immunodeficiency virus [HIV] infection)
- Seasonal affective disorder (SAD)
- Liver disease
- Hypothyroidism
- Hypotension
- Poorly controlled diabetes mellitus
- Chronic renal failure
- Iron deficiency
- Fibromyalgia
- Systemic lupus erythematosus
- Epstein-Barr virus
- Multiple sclerosis
- Lyme disease (see the Intracorp guideline Lyme Disease) or post-Lyme syndrome
- Sleep disturbances such as sleep apnea, insomnia, and narcolepsy
- Unresolved prior illnesses whose continued activity may explain chronic fatiguing illness, such as unresolved cases of hepatitis B or C or malignancies
- Past or current diagnosis of major depressive disorder with psychotic or melancholic features (see the Intracorp guideline Major Depression)
- Bipolar affective disorder (see the Intracorp guideline Bipolar Disorder)
- Anorexia nervosa
- Bulimia nervosa
- Severe obesity
- Alcohol or other substance abuse before the onset of the chronic fatigue and at any time afterward (see the Intracorp guideline Alcohol Abuse)
- Pancreatic carcinoma

Treatment Options

- No definitive treatment for CFS exists; there are some indications that this condition improves with time but that most remain functionally impaired for years.
- Given the ambiguity concerning CFS, suggested management includes:
    - Low dose tricyclic antidepressant medication (e.g., Norpramin)
    - Selective serotonin reuptake inhibitor medication (e.g., Prozac)
    - Graded exercise under supervision
    - Cognitive behavior therapy (6 months to 1 year) or other supportive methods
    - Appropriate sleep hygiene
    - Optimal diet and body mass index
    - Education
    - Support groups/counseling

Duration of Medical Treatment

- Medical - optimal: 7 days
    - Maximal is several years

Additional provider information regarding primary care visit schedules, referral options, frequency and duration of specialty care, and chiropractic treatment is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving myalgias, arthralgias, low-grade fever
- Resolving fatigue
- Resolving headache, upper respiratory symptoms

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, treatment, and management of chronic fatigue syndrome that assist medical management leaders in making appropriate benefit coverage determinations

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Chronic fatigue syndrome. Philadelphia (PA): Intracorp; 2004. Various p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 2004)

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Medical Technology Assessment Committee (MTAC)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Voting Committee Members: James Rollins, MD, Medical Director of the Technology Assessment Committee; Razia Hashmi, MD, VP Coverage and Policy and Medical Director of the Clinical Resource Unit (CRU); Janet Mauer, MD, Medical Director of the LIFESOURCE Transplant Unit; Jim Small, MD, Medical Director of Intracorp Disability; Christina Stasiuk, DO, Associate Medical Director, Intracorp; Andrea Gelzer, MD, Senior Medical Director, Tri-State; Nicholas Gettas, MD, Senior Medical Executive, Atlantic UB; Steve Halpern, MD,CIGNA Appeals; Robert Hoover, MD, Medical Operations Review Director; Karen Lachaux, RPh, Director, Drug Policy; John Poniatowski, RPh, AVP CIGNA Pharmacy; John Rausch, MD, Associate Medical Director; Douglas Nemecek, MD, AVP of CIGNA Behavioral Health

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at www.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.

Print copies: Available from Intracorp, 523 Plymouth Road, Plymouth Meeting, PA, 19462; Phone: (610) 834-0160

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on November 24, 2004. The information was verified by the guideline developer on December 8, 2004.

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Date Modified: 5/2/2005